

RING OF FIRE PREPARING FOR A SITE VISIT

Wendy Holmes, RN

Beth Meadows, RN

NC Immunization Branch



Objectives

- To describe what consultants examine during the VFC Site Visit.
- To identify the most common issues found during site visits.
- To help you prepare for the site visit.

What is a Site Visit?

- A formal quality assurance visit to NC Immunization Providers
- Requirement for all Providers
- Conducted every other year (or more often)
- Lasts ~ 1-3 hours



Site Visit Objectives

- Evaluate the educational needs of providers in order to support them with meeting program requirements
- Evaluate provider compliance with the NC Immunization Program (NCIP) and Vaccines for Children (VFC) Program
- Ensure that VFC-eligible children receive properly managed vaccine
- Evaluate compliance with the NC-specific Immunization Laws and Rules

Provider Vaccine Agreement

The Provider Agreement form is the provider's agreement to comply with all of the conditions of the VFC Program



Types of Provider Agreements

- Local Health Department Agreement
- Private Provider Agreement for NCIR Users
- Private Provider Agreement for non-NCIR Users

**North Carolina Department of Health and Human Services
North Carolina Immunization Program
LOCAL HEALTH DEPARTMENT VACCINE AGREEMENT**

Page 1 of 3

The purpose of this agreement is to authorize _____ to receive vaccines from the North Carolina Department of Health and Human Services and the Vaccines for Children (VFC) Program. The conditions of the agreement listed below are

**North Carolina Department of Health and Human Services
North Carolina Immunization Program
PROVIDER VACCINE AGREEMENT**

Page 1 of 3

The purpose of this agreement is to authorize _____ to receive vaccines from the North Carolina Department of Health and Human Services and the Vaccines for Children (VFC) Program. The conditions of the agreement listed below are

Provider Agreement

Who Should Sign the Provider Agreement?

- Health Care Providers licensed or otherwise authorized for administration of pediatric vaccines under the law of the State in which the administration occurs.
- Authorized HCP in NC include MD's and DO's.



Items Needed for the Site Visit

- Uninterrupted meeting time with the vaccine contact staff
- Current and past three months of vaccine temperature logs where VFC vaccine is stored
- Access to all vaccine storage units, includes temporary and permanent storage where VFC vaccine is stored
- Access to the circuit breaker
- Vaccine management plan

Items Needed, Cont.

➤ Vaccine Information Statements (VISs)

DIPHTHERIA TETANUS & PERTUSSIS VACCINES

W H A T Y O U N E E D T O K N O W

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Items needed, Cont.

➤ Borrowing and Replacement Report

North Carolina Immunization Program (NCIP) Vaccine Borrowing Report

Guidance:

NCIP providers are expected to maintain an adequate inventory of vaccine for both their state-eligible and private patients. State-supplied vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that borrowing state-supplied vaccine will not prevent a state-eligible child from receiving a needed vaccination because state-supplied vaccine was administered to a private patient. Borrowing would occur only when there is lack of appropriate stock vaccine (state-supplied or provider-purchased) due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be provider planned borrowing from either the private stock or the state-supplied stock.

Directions for use of this form:

When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be **COMPLETELY FILLED OUT** for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must be kept as part of NCIP records for three years and be made available to NCIP staff during a Site Visit. It is no longer necessary to fax the forms to the NCIP.

Please note: Timely replacement of vaccine to appropriate stock (within 90 days) is required. Providers found to be borrowing doses more often than once per 12-month period will be required to submit a Provider Improvement Plan to the NCIP.

Vaccine Borrowed	Patient Name/Patient Identifier/ Insurance status (NCIP or private)	DOB	Date Borrowed	Reason no appropriate stock vaccine was available (circle one)	Date vaccine returned to appropriate stock
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. state order delayed 4. state order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. state order delayed 4. state order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. state order delayed 4. state order non-viable on arrival 5. other (specify)	

Items needed, Cont.

- Disaster Recovery Plan
- Minimum Storage and Handling Guidelines

Updated May 2013

NORTH CAROLINA IMMUNIZATION PROGRAM (NCIP) MINIMUM REQUIRED VACCINE ORDERING, HANDLING, AND STORAGE PROCEDURES

Vaccine Personnel

- ❖ Designate one staff member as the primary vaccine coordinator and at least one back-up vaccine coordinator. Staff must participate in yearly, documented training/education on proper storage and handling practices and VFC program requirements.

Storage and Handling Plans

- ❖ Maintain written routine vaccine storage and handling plans as a reference for staff. Plan must include guidance on: a) ordering vaccines b) controlling inventory c) storing vaccines and monitoring storage conditions d) minimizing vaccine wastage and e) vaccine shipping, including receiving, packing and transporting.
- ❖ Post a current Disaster Recovery Plan on or near the vaccine storage equipment and update annually. Ensure that all staff read and understand what to do in the event of refrigerator or freezer malfunctions, power failures, natural disasters, or other emergencies. The plan must include: a) name, contact information, and how to notify staff responsible for preparing and transporting vaccine, b) how receiving location will be notified, c) how to pack vaccine for transport, and d) how to document steps taken.

North Carolina Immunization Program Disaster Recovery Plan

NAME: _____ COUNTY: _____
PERSON COMPLETING FORM: _____ DATE: _____
(Disaster Recovery Plan must be reviewed and updated yearly. Document the date reviewed/updated on the plan)

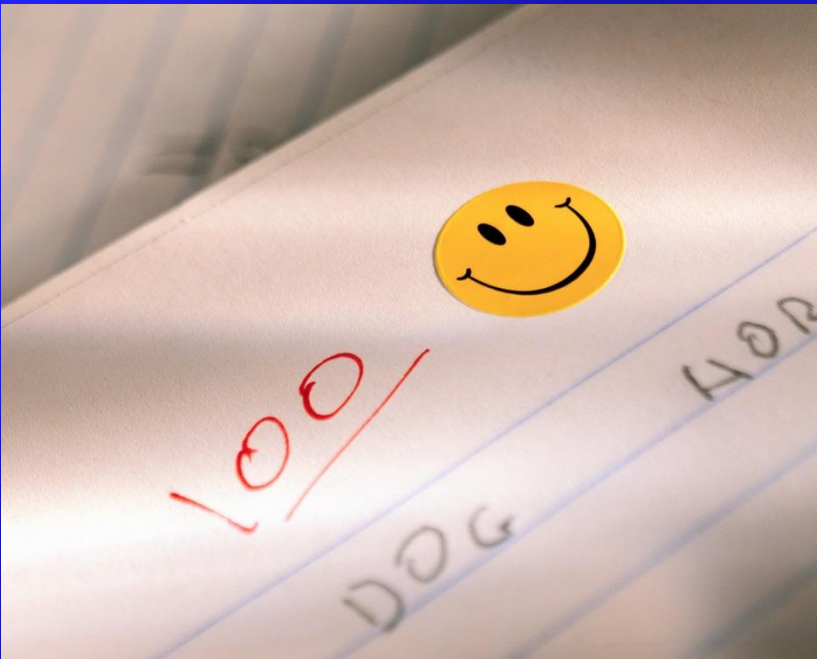
This document offers guidance for developing a vaccine disaster recovery plan. Included are steps to follow when your refrigerator or freezer malfunctions due to mechanical failure or natural disaster. **A completed Disaster Recovery Plan is required to be posted on or near the vaccine storage equipment.** Ensure that all staff (current and new) read the plan and understand it. Also ensure that janitorial and security staff are aware of the plan and know the procedures to follow for notifying designated personnel about any problems with the vaccine storage equipment. North Carolina Immunization Program (NCIP) providers are required to review and update the contact lists in the plan quarterly; review and **update the entire plan annually.** The plan must include guidance on what to do in the event of refrigerator or freezer malfunctions, power failures, natural disasters, or other emergencies.

Items Needed, Cont.

- The out of pocket administration fee charged to non-Medicaid VFC eligible patients.
- Other fees in addition to an administration fee for VFC eligible patients.

Items Needed, Cont.

- Current Certificate of Calibration for refrigerator and freezer thermometers.



Who Conducts the Visit?

Regional Immunization Nurse Consultants for the North Carolina Immunization Program

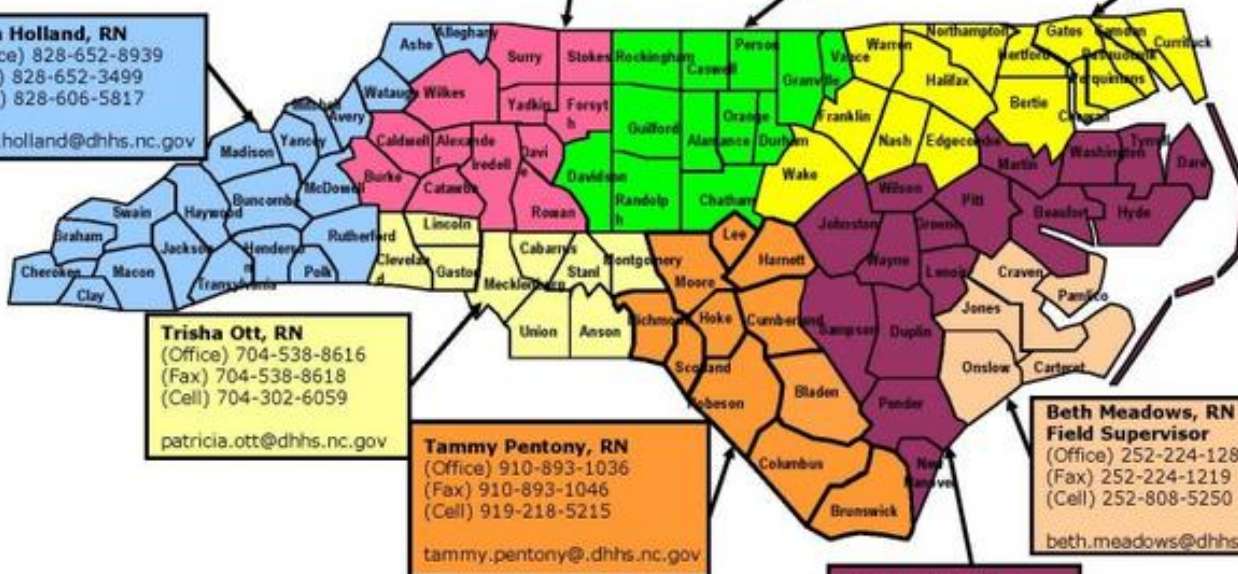
NC Division of Public Health
Womens and Childrens Health Section
Immunization Branch
Field Service Unit

Gina Holland, RN
(Office) 828-652-8939
(Fax) 828-652-3499
(Cell) 828-606-5817
gina.holland@dhhs.nc.gov

Lori Hall, RN
(Office) 828-438-3781
(Fax) 828-438-3783
(Cell) 828-508-3777
lori.y.hall@dhhs.nc.gov

Elizabeth Draper, RN
(Cell) 919-218-0851
(Fax) 919-245-1350
elizabeth.draper@dhhs.nc.gov

Gail Baker, RN
(Office) 252-459-3735
(Fax) 252-459-3913
(Cell) 252-406-7461
gail.baker@dhhs.nc.gov



Last update January 14, 2013

Lorri Taylor, RN
(Office) 919-934-3010
(Fax) 919-934-3318
(Cell) 919-588-9802
lorri.taylor@dhhs.nc.gov

Site Visit Process

Appointment Letter



**North Carolina Department of Health and Human Services
Division of Public Health**

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Laura Gerald, M.D., M.P.H.
State Health Director

Dear [REDACTED],

Thank you for scheduling time for the North Carolina Immunization Program (NCIP) Site Visit. Our goal is to ensure that all providers using state-supplied vaccines understand and comply with the federal Vaccines for Children (VFC) program and the state program requirements. The primary goal for these site visits are to assure that the NCIP vaccines are stored, handled, accounted for, and administered appropriately in compliance with federal and state laws, regulations, and guidelines. The secondary goal is to assure that the immunization providers have the information and mechanisms to provide quality immunization services to persons seeking vaccines. These visits are mandated by both federal and state governments, which supply us with the vaccines that we make available

Day of the Visit - Questionnaire

VFC Provider Compliance Site Visit Questionnaire

This form is to be completed by the public health official who is conducting the site visit review. Section I of this questionnaire is the CDC minimum standard for conducting routine VFC provider compliance site visits. Immunization Programs are required to incorporate these standard questions into their existing VFC site visit protocols and VFC provider on-site questionnaires. Section II is based on the Standards of Pediatric Care.

Date: _____ Reviewer's Name: _____

Provider Site Name: _____

Provider address: _____

Contact person: _____

Telephone Number: _____ (ext.) FAX Number: _____

Email: _____ VFC Number: _____

County: _____

Vaccine Manager: _____ Back-up: _____

Note: An incorrect or inappropriate response to any question in Section I of the questionnaire automatically requires corrective action. All corrective action plans should be signed by the VFC program staff and the provider office.

Type of Practice: _____

How many providers are practicing at this site? _____

The following question should be answered prior to the site visit, so the findings can be discussed during the site visit.

Are vaccine orders consistent with most current provider profile? _____

SECTION I. VFC COMPLIANCE

1. What is the vaccine administration fee charged to non-Medicaid VFC eligible patients (uninsured, American Indian/Alaska Native, under-insured if vaccinated at FQHC/RHC)? _____

2. Under what circumstances is a child referred to another facility for immunization services?

☐ Not applicable children are never referred

☐ Child is underinsured

☐ Parent is unable to pay administration fee

☐ Other (specify) _____

☐ Vaccine is unavailable

☐ Parent is unable to pay office visit fee

Remember!

The goal of the site visit is to evaluate the educational needs of providers in order to support them with meeting program requirements and to ensure VFC eligible children receive properly managed vaccine.



STORAGE AND HANDLING EVALUATION

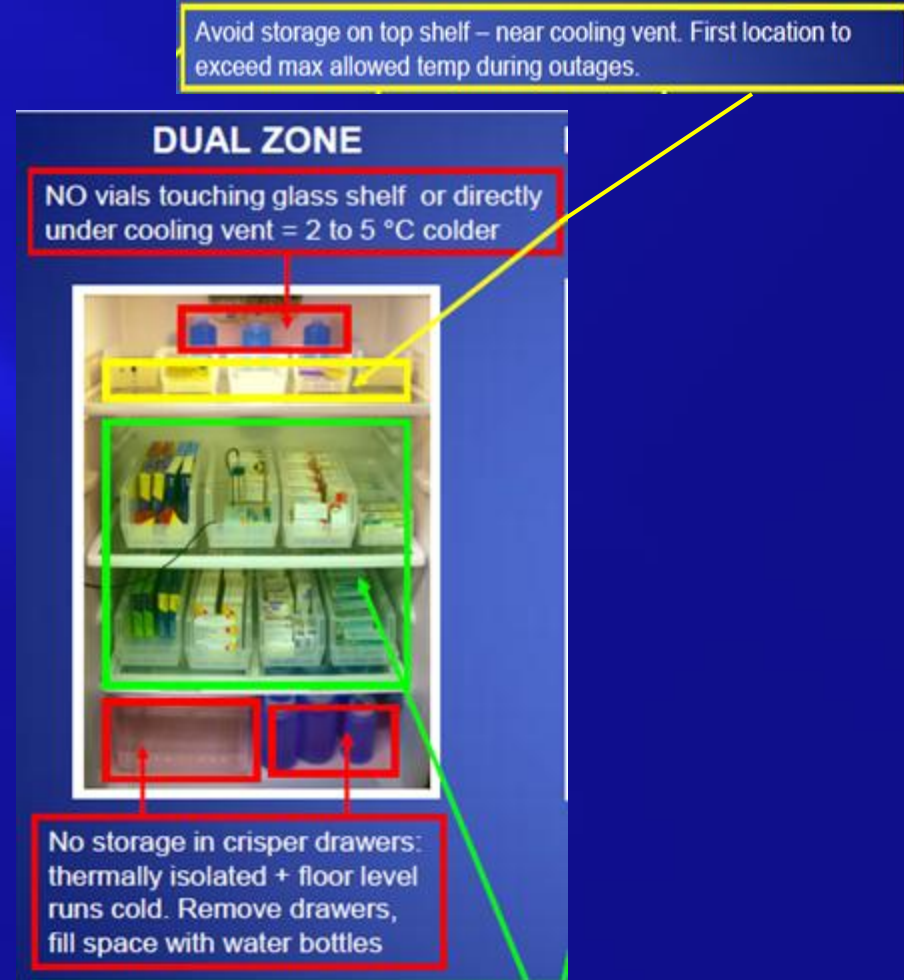
What are you Looking For in my Fridge/Freezer?



Vaccine Storage Equipment

Problems with Household Combination:

- For food/ beverage storage
- Temperature fluctuations
- Inadequate usable space
- Improper air circulation



Best storage practice – place vaccines in center fridge space, contained in original packaging, inside designated storage trays positioned 2 to 3 in from refrigerator walls

Vaccine Storage Equipment: Dorm Style Refrigerator/Freezer Units

Requirement: No DORM Units!



Any size unit with interior freezer

Vaccine Storage Practices

Vaccine Storage Methods and Locations

DUAL ZONE

NO vials touching glass shelf or directly under cooling vent = 2 to 5 °C colder



No storage in crisper drawers: thermally isolated + floor level runs cold. Remove drawers, fill space with water bottles

PHARMACEUTICAL

Avoid storage on top shelf – near cooling vent. First location to exceed max allowed temp during outages.



Manufacturer recommends no floor storage, but vial TC maintained at 2 to 8 °C throughout testing

FREEZERLESS



1 to 2 °C colder than main fridge space

Best storage practice – place vaccines in center fridge space, contained in original packaging, inside designated storage trays positioned 2 to 3 in from refrigerator walls

Vaccine Ordering and Inventory Management

Mark multi-dose vials:

- Date open
- Doses used

Multi-dose vials are good until their expiration date unless otherwise noted In the manufacturer package insert.

Label shelves/trays



Site Visit Requirements

Appropriate Refrigerator and Freezer



Stand-alone refrigerator

- Distinguish private from state
- Bottles of water in refrigerator
- Frozen coolant packs in freezer
- Certified calibrated NIST thermometer (middle with vaccine)



Stand-alone freezer

Site Visit Requirements

Appropriate Refrigerator and Freezer:

- No food or beverages
- Vaccine not stored in door
- Proper air circulation
- MMR in the freezer

Refrigerator-only Unit

Almost all of the space is usable (inside dashed lines).

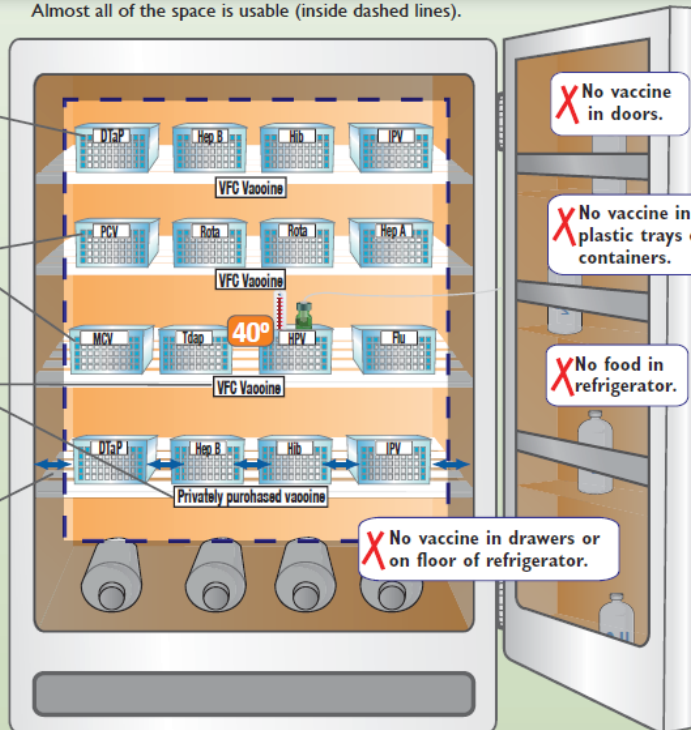
✓ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

✓ Group vaccines by pediatric, adolescent, and adult types.

✓ Separate the VFC vaccine supply from privately purchased vaccine.

✓ Keep baskets 2-3 inches from walls and other baskets.

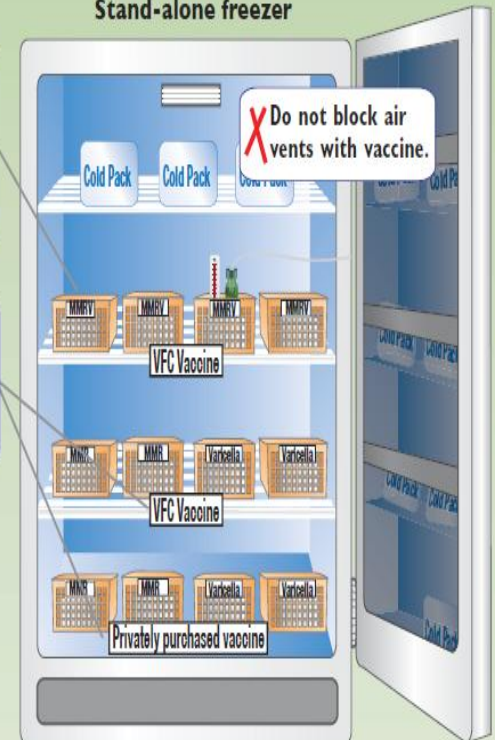
✓ Keep vaccines in their original boxes until you are ready to use them.



Stand-alone freezer

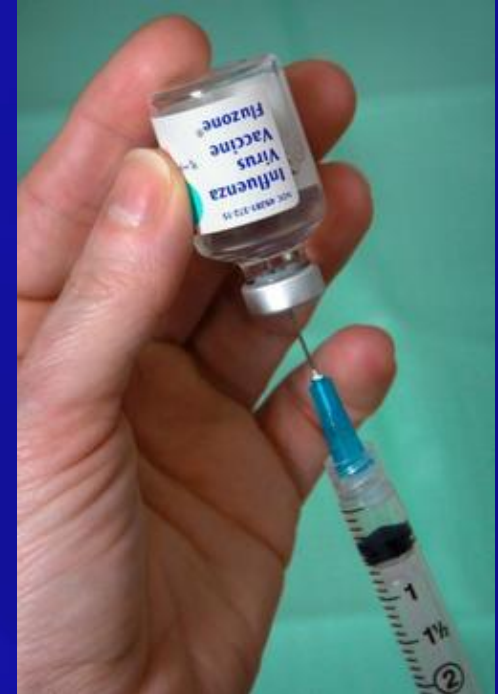
✓ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

✓ Separate the VFC vaccine supply from privately purchased vaccine.



Site Visit Requirements

- Rotate vaccine by expiration date
- Draw up at the time of administration - do not pre-draw
- "DO NOT DISCONNECT" signs on the outlet and circuit breaker



WARNING!
¡ADVERTENCIA!

Do not unplug the refrigerator/freezer or break circuit.

No desenchufar el refrigerador/congelador,
ni el interruptor de circuitos.

Expensive vaccine in storage.
 Contiene costosas vacunas en almacenamiento.

In event of electrical problem, immediately contact:
En caso de un problema eléctrico, comuníquese inmediatamente a:



Site Visit Requirements

- Temperatures: Read and document twice a day from a NIST thermometer, even if using a monitoring system
- Temperature Logs: Maintained for period of three years
- Temperatures: Stable and within recommended range
- Freezer: Between -50°C to -15°C (-58°F and $+5^{\circ}\text{F}$)
- Refrigerator: Between 2°C to 8°C (35°F and 46°F)
- Report out of range temperatures immediately

Refrigerated Vaccines Temperature Storage Log
Refrigerator logs must be maintained for 3 years.

Provider Name _____ Month/Year _____

Use this log to record an AM and PM temperature check for DTaP, DTaP-Hep B-IPV, DT Pediatric, Td Adult, Hep A, Hep B, Hep A/B, Hib, HPV, EIPV, Pneumococcal Conjugate (PCV7), Influenza, Pneumococcal Polysaccharide (PPV23), and Rotavirus. Refrigerated vaccines should be kept on the middle shelf of the refrigerator between 2°C to 8°C (36°F to 46°F) with an optimum temperature of 5°C (40°F). To get an accurate reading, keep a thermometer on the same shelf as the vaccine. Refrigerated vaccines must not be exposed to temperatures below 2°C (36°F) at anytime!

The temperature range is $2^{\circ}, 3^{\circ}, 4^{\circ}, 5^{\circ}, 6^{\circ}, 7^{\circ}, 8^{\circ}\text{C}$ ($36^{\circ}, 37^{\circ}, 38^{\circ}, 39^{\circ}, 40^{\circ}, 41^{\circ}, 42^{\circ}, 43^{\circ}, 44^{\circ}, 45^{\circ}$, and 46°F).

Day	Date	AM Temperature $^{\circ}\text{C}$ or $^{\circ}\text{F}$ (Circle One)	PM Temperature $^{\circ}\text{C}$ or $^{\circ}\text{F}$ (Circle One)	Room Temperature $^{\circ}\text{C}$ or $^{\circ}\text{F}$ (Circle One)	Comments <small>Optimum of 5°C (40°F)</small>
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					

Site Visit Requirements

Vaccine Administration Practices:

- Administration fee to non-Medicaid VFC eligible patients (out-of-pocket) is not greater than the current Medicaid rate
- If patient is unable to pay administration fee, fee is waived
- No office fee charged (in addition to an administration fee) for an immunization only visit
- No prerequisite (i.e. physical exam) prior to an immunization only visit

Site Visit Requirements

- Rotate Vaccines weekly
- Reconcile inventory
- Record vaccine at time of administration
- Orders are appropriate based on enrollment data
- Vaccines are clearly labeled




Site Visit Requirements



Other Items:

- Needle length for IM and SC injections
- VAERS forms/reports adverse reactions

WEBSITE: www.vaers.hhs.gov E-MAIL: info@vaers.org FAX: 1-877-721-0366		
<div>VAERS</div> <div>VACCINE ADVERSE EVENT REPORTING SYSTEM 24 Hour Toll-Free Information 1-800-822-7967 P.O. Box 1100, Rockville, MD 20849-1100 PATIENT IDENTITY KEPT CONFIDENTIAL</div>		
Patient Name: Last First M.I. Address 	Vaccine administered by (Name): Responsible Physician Facility Name/Address 	For CDC/FDA Use Only VAERS Number _____ Date Received _____ Form completed by (Name): _____ Relation <input type="checkbox"/> Vaccine Provider <input type="checkbox"/> Patient/Parent to Patient <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other Address (if different from patient or provider)

Site Visit Requirements

- Screen and document VFC eligibility screening every time a vaccine is administered
- Provide all vaccines needed at every encounter
- Follow ACIP recommendations, current vaccine schedule/immunization rules/laws
- Document the relevant VIS publication date
- Document the vaccine type, date of administration, vaccine manufacture and lot number, and site and route of administration
- Screen for contraindications or precautions
- Provide a certificate of immunization

Site Visit Requirements

Record Review What are We Looking For?



- Name of vaccine given
- Date vaccine was given
- Date VIS was given
- Publication date of VIS
- Name of vaccine manufacturer
- Lot Number
- Name and title of person who gave the vaccine
- Address of clinic where vaccine was given
- Site of administration
- Route of administration
- Histories are documented
- Are all vaccines administered according to ACIP



NCIR Review





NCIR Review


Vaccine Transactions for:


* Date Entered [From]:  * To: 


* Date shot was given [From]:  * To: 


User Name: 


Transaction Type: 

Site Name: 

Vaccine Groups: 

Vaccine: 

Trade Name: 

Lot Number: 

Display Last Records

*NOTE: Fields marked with an asterisk * are required.*

NCIR Review

Vaccine Transaction Summary by Provider

Vaccine Transaction Summary by Provider

Page 1

Provider

Group Name	Trade Name	Funding	Immunizations Given	Transferred	Rejected & Restocked Doses	Doses Received	Wasted	Error	Expired	Totals
DTP/aP	Acel-Imune	PRIVATE	0	0	0	0	0	10	0	10
DTP/aP	DT	STATE	0	4	0	4	0	0	0	8
DTP/aP	Infanrix	PRIVATE	53	10	0	60	0	5	0	134
DTP/aP	Infanrix	STATE	12	0	0	30	0	0	0	42
DTP/aP	Tripedia	STATE	28	0	0	0	0	6	0	34
DTP/aP-HepB-Polio	Pediarix	PRIVATE	136	0	0	143	0	25	0	310
DTP/aP-HepB-Polio	Pediarix	STATE	123	0	0	136	0	23	0	282
DTP/aP-Polio	KINRIX	PRIVATE	56	0	0	30	1	16	0	103
DTP/aP-Polio	KINRIX	STATE	40	0	0	70	0	2	0	112
DTP/aP-Polio-Hib	Pentacel	PRIVATE	0	0	0	0	0	0	0	0
DTP/aP-Polio-Hib	Pentacel	STATE	0	0	0	0	0	0	0	0
HPV	Cervarix	PRIVATE	28	0	0	40	0	15	0	83
HPV	Cervarix	STATE	11	0	0	0	0	3	0	14
HPV	Gardasil	PRIVATE	22	0	0	10	1	2	0	35
HPV	Gardasil	STATE	12	0	0	0	0	3	0	15
HepA	Havrix-Adult	PRIVATE	1	0	0	0	0	1	0	2
HepA	Havrix-Peds 2 Dose	PRIVATE	218	60	0	150	0	9	0	477
HepA	Havrix-Peds 2 Dose	STATE	165	0	0	166	0	34	0	365
HepB	Engerix-B Peds	PRIVATE	10	20	0	0	0	3	0	33
HepB	Engerix-B Peds	STATE	4	0	0	0	0	3	0	7
HepB	Recombivax Peds	PRIVATE	0	0	0	20	0	0	0	20
HepB	Recombivax Peds	STATE	0	0	0	0	0	0	0	0
Hib	ActHib	STATE	0	0	0	0	0	0	0	0
Hib	PedvaxHIB	PRIVATE	153	0	0	130	0	5	0	288
Hib	PedvaxHIB	STATE	130	20	0	150	0	11	0	311
Influenza	Flu-Mist	PRIVATE	23	0	0	0	0	4	1	28
Influenza	Fluarix	PRIVATE	48	0	0	0	0	3	0	51

NCIR Review



North Carolina Immunization Registry

< 5%

Vaccine Accountability Report

[illegible]

NCIR Review

Vaccine Usage Report

Page 1 of 1

Group Name	Trade Name	Funding	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	Totals
DTP/aP	Triptedia	STATE		21	4	7									32
DTP/aP - HepB - P	Pediarix	STATE	12	1	2	1									16
DTP/aP - Hib - Po	Pentacel	STATE	62	1		1									64
DTP/aP - Polio	KIDRIX	STATE				38					1				39
HepA	Havrix-Peds 2 Dose	STATE		30	8	13		8	7	1					67
HepA	VAQTA-Peds 2 Dose	STATE	1	10	15	10	1	5	3	3					48
HepB	Engerix-B Peds	STATE	43	3		1				1					48
Hib	PedvaxHIB	STATE	8	11		3									22
Hib	Hibrix	STATE	3	1	1	1									6
HPV	Gardasil	STATE							1	1					2
Influenza	Flu-Mist	STATE				1		2		2					5
Influenza	Fluzone Pro-Free	STATE	7	6	6	3		1							23
Influenza	Fluzone	STATE	7	6	3	7		5	4	4					36
Meningo	Menactra	STATE				1			14	11	1				27
MMR	MMR II	STATE	1	28	1	25									55
MMR - Varicella	ProQuad	STATE		8		15					1				24
PneumoConjugate	Prevnar 13	STATE	71	37	5	4									117
Polio	IPOL	STATE				2									2
Rotavirus	ROTATEQ	STATE	1												1
Rotavirus	Rotarix	STATE	45												45
Td - Tdap/Pertussis	Boostrix	STATE						2	10	3					15
Varicella	Varivax	PRIVATE		8		8									16
Varicella	Varivax	STATE	1	20	1	19				3					44
Totals:			262	191	46	160	1	23	39	29	3				754
Client Counts:			56	59	28	65	1	21	24	21	1				276

NCIR Review

North Carolina Department Health and Human Services Division of Public Health

WASTED/EXPIRED VACCINE REPORT

Date Range From: To:

Provider Name:

User Completing Form:

Six Digit PIN#

Provider Federal ID Number:

Phone Number:

Date Reporting:

Please return all opened and unopened wasted/expired vaccines. Do not return drawn vaccine. Further instructions can be found at the end of the report.

Vaccine	Lot #	Total Doses Wasted or Expired	Reason Wasted	Preventive Action for Wasted or Expired Doses	Date Wastage Occurred or Expired	Expiration Date	Date Received & Initials
DTP/aP	Infanrix	ABC123	13.0	Tray fell on the floor and vials broke.		12/05/2006	02/28/2007
HPV	Gardasil	1495AA	1.0	dropped and broken on lab floor	push away from edge of shelf	06/18/	08/22/2014

Vaccine Usage Report

Page 1 of 1

Group Name	Trade Name	Funding	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	Totals
DTPaP	Triptadix	STATE		21	4	7									32
DTPaP - HepB - B	Pediaris	STATE	12	1	2	1									16
DTPaP - Hib - Ps	Prevnar	STATE	62	1		1									64
DTPaP - Polio	ENDRIX	STATE				38					1				39
HepA	Hevac-Peds 2 Dose	STATE		30	8	13		8	7	1					67
HepA	VAQTA-Peds 2 Dose	STATE	1	10	15	10	1	5	3	3					48
HepB	Engerix-B Peds	STATE	43	3		1				1					48
Hib	PediarisHIB	STATE	8	11		3									22
Hib	Hibrix	STATE	3	1	1	1									6
HPV	Gardasil	STATE							1	1					2
Influenza	Flu-Mist	STATE				1		2		2					5
Influenza	Fluzone Pro-Pre	STATE	7	6	6	3		1							23
Influenza	Fluzone	STATE	7	6	3	7		5	4	4					36
Meningo	Menactra	STATE				1			14	11	1				27
MMR	MMR II	STATE	1	28	1	25									55
MMR - Varicella	ProQuad	STATE		8		15					1				24
PneumoConjugate	Prevnar 13	STATE	71	37	5	4									117
Polio	IPOL	STATE				2									2
Rotavirus	ROTATEQ	STATE	1												1
Rotavirus	RotaTeq	STATE	45												45
Td - Tdap/Perman	Boostrix	STATE						2	10	3					15
Varicella	Varivax	PRIVATE		8		8									16
Varicella	Varivax	STATE	1	20	1	19				3					44
Totals:			262	191	46	160	1	23	39	29	3				754
Client Count:			56	59	28	65	1	21	24	21	1				276

Other NCIR Items

Manage Transfer

Create a New Transfer....

New Transfer

Return to Manage Transfer Screen....

Cancel

Transfer List

Outbound Transfer

Create Date	Type	Sending Org:Site	Receiving Org:Site	Ship Date	Receive Date	Return Date
No Outbound Transfer.						

Inbound Transfer

Create Date	Type	Sending Org:Site	Receiving Org:Site	Ship Date	Receive Date	Return Date
No Inbound Transfer.						

Historic Transfer (last 7 days by default)

Show by Last Updated Date From: 10/09/

To: 10/16/

Refresh List

Create Date	Type	Sending Org:Site	Receiving Org:Site	Ship Date	Receive Date	Return Date	Restock Date
10/11/	TRANSFER			10/11/	10/11/	10/11/	10/11/
10/11/	TRANSFER			10/11/	10/11/		

Report Date:

Inventory Reconciliation Report / Worksheet

Page 1 of 2

Funding Source	Vaccine Group	Trade Name	Lot Number	Expiration Date	NCIR Reported Doses On Hand	Actual Count of Doses On Hand
State	DTP/aP	DAPTACEL	C4214BA	12/19/2014	117	
State	HPV	Gardasil	H010123	01/18/2015	137	
State	HepA	Havrix-Peds 2 Dose	AHAVB527CA	01/27/2014	10	

Site Visit Requirements

Other Items:

- Evidence of educational contact for immunizations

December 19, 2012

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Providers

FROM: Beth Rowe-West, RN, BSN, Head *BWR*
Immunization Branch

SUBJECT: NCIP Provider Education Requirements

The purpose of this memo is to notify providers of a new educational requirement from the Centers for Disease Control and Prevention (CDC) effective January 1, 2013. CDC requires that each NCIP provider designate a staff person as the Vaccines for Children (VFC) coordinator, and that this person receive an educational "contact" during each calendar year. Educational contact opportunities will cover all VFC requirements, with a special emphasis on storage and handling.

**EMPLOYEE IMMUNIZATION
EDUCATIONAL ROSTER**

NAME: _____ DATE: _____

	Date	Name of Continued Education Workshop/ In-service/ Video/Webcast/ Journal Article or MMRW update	Sponsored By	Version In person On-line Webinar Conference	Contact Hours	CEU's Hrs
1						
2						
3						
4						
5						

Items Most Often Out of Compliance at a Site Visit

- Administration fee charged to non-Medicaid VFC eligible patients is greater than the fee allowed
- Misuse of state-supplied vaccine (intentional or unintentional)
- Current Coverage Criteria is not followed
- Insured/Health Choice: Lack of private vaccine
- Vaccine administration errors: Use of DTaP instead of Tdap for adults

Items Most Often Out of Compliance at a Site Visit

- Does not provide and/or stock age appropriate required and/or recommend vaccines for VFC children



Items Most Often Out of Compliance at a Site Visit

- Does not follow ACIP recommendations
- Does not adhere to NC Immunization Rules/Laws
- Improper needle length for intramuscular injection



Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2013.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).



These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B* (HepB)	1 st dose	2 nd dose			3 rd dose											
Rotavirus* (RV)			1 st dose	2 nd dose	See footnote 3											
Diphtheria, tetanus, & acellular pertussis* (DTaP, <7 yrs)		1 st dose	2 nd dose	3 rd dose				4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis* (Tdap, ≥7 yrs)														1 dose		
Haemophilus influenzae type b* (Hib)		1 st dose	2 nd dose	See footnote 3			3 rd or 4 th dose, see footnote 3									
Pneumococcal conjugate** (PCV13)		1 st dose	2 nd dose	3 rd dose			4 th dose									
Pneumococcal polysaccharide** (PPSV23)																
Inactivated Poliovirus* (IPV) (<18 years)		1 st dose	2 nd dose				3 rd dose					4 th dose				
Influenza* (IV, IAV) 2 doses for some: see footnote 8							Annual vaccination (IV only)					Annual vaccination (IV or IAV)				
Measles, mumps, rubella* (MMR)							1 st dose					2 nd dose				
Varicella** (VAR)							1 st dose					2 nd dose				
Hepatitis A** (HepA)								2-dose series, see footnote 11								
Human papillomavirus** (HPV2: females only; HPV4: males and females)															3 doses, see footnote 12	
Meningococcal** (Hib-MenCY, ≥6 weeks; MCY4-D, ≥9 mos; MCY4-CRM, ≥2 yrs.)															1 dose	

see footnote 13

Items Most Often Out of Compliance at a Site Visit

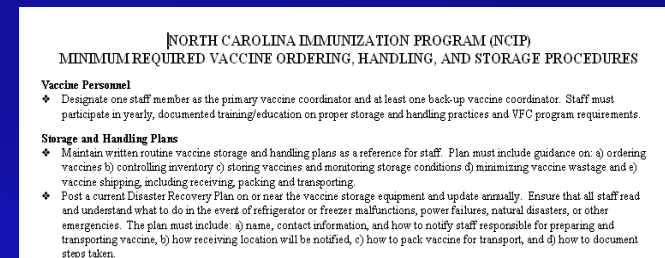
- VIS statements are outdated
- Does not document the VIS edition date and date VIS provided

VACCINE INFORMATION STATEMENT								
Your Baby's First Vaccines <i>What You Need to Know</i>								
<small>Many Vaccine Information Statements are available in Spanish and other languages. See www.hhs.gov/vaccines.</small>								
<p>Your baby will get these vaccines today:</p> <table border="0"><tr><td><input type="checkbox"/> DTPaP</td><td><input type="checkbox"/> Polio</td></tr><tr><td><input type="checkbox"/> Hib</td><td><input type="checkbox"/> Rotavirus</td></tr><tr><td><input type="checkbox"/> Hepatitis B</td><td><input type="checkbox"/> PCV13</td></tr></table> <p><small>(Provider. Check appropriate boxes.)</small></p> <p>Ask your doctor about "combination vaccines," which can reduce the number of shots your baby needs.</p> <p>Combination vaccines are as safe and effective as these vaccines when given separately.</p>	<input type="checkbox"/> DTPaP	<input type="checkbox"/> Polio	<input type="checkbox"/> Hib	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> PCV13		<p>These vaccines protect your baby from 8 serious diseases:</p> <ul style="list-style-type: none">• diphtheria• tetanus• pertussis (whooping cough)• <i>Haemophilus influenzae</i> type b (Hib)• hepatitis B• polio• rotavirus• pneumococcal disease
<input type="checkbox"/> DTPaP	<input type="checkbox"/> Polio							
<input type="checkbox"/> Hib	<input type="checkbox"/> Rotavirus							
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> PCV13							
<p>About this vaccine information statement</p> <p>Please read this Vaccine Information Statement (VIS) before your baby gets his or her immunizations, and take it home with you afterward. Ask your doctor if you have any questions.</p> <p>This VIS tells you about the benefits and risks of six routine childhood vaccines. It also contains information about reporting an adverse reaction and about the National Vaccine Injury Compensation Program, and how to get more information about vaccines and vaccine-preventable diseases. (Individual VISs are also available for these vaccines.)</p> <p>How vaccines work</p> <p>Immunity from disease: When children get sick with an infectious disease, their immune system usually produces protective "antibodies," which keep them from getting the same disease again. But getting sick is no fun, and it can be dangerous or even fatal.</p> <p>Immunity from vaccines: Vaccines are made with the same bacteria or viruses that cause disease, but they have been weakened or killed—or only parts of them are used—to make them safe. A child's immune system produces antibodies, just as it would after exposure to the actual disease. This means the child will develop immunity in the same way, but without having to get sick first.</p>		<p>Vaccine benefits: why get vaccinated?</p> <p>Diseases have injured and killed many children over the years in the United States. Polio paralyzed about 37,000 and killed about 1,700 every year in the 1950s. Hib disease was once the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people died each year from diphtheria before there was a vaccine. Up to 70,000 children a year were hospitalized because of rotavirus disease. Hepatitis B can cause liver damage and cancer in 1 child out of 4 who are infected, and tetanus kills 1 out of every 5 who get it.</p> <p>Thanks mostly to vaccines, these diseases are not nearly as common as they used to be. But they have not disappeared, either. Some are common in other countries, and if we stop vaccinating they will come back here. This has already happened in some parts of the world. When vaccination rates go down, disease rates go up.</p>						
		<small>U.S. Department of Health and Human Services Centers for Disease Control and Prevention</small>						

Items Most Often Out of Compliance at a Site Visit

Vaccine Storage:

- Written procedures for all areas of vaccine storage and handling
- Disaster Recovery Plan not updated annually
- Temperatures out of range
 - No action taken
 - No written documentation of action taken
 - Did not call the Immunization Branch for guidance
- A “Do Not Disconnect” sticker was not on the circuit breaker



Day of the Visit - Feedback

- All findings will be reviewed with the vaccine contact
- Areas that need improvement will be discussed
- Education will be provided to improve vaccine services
- Follow up recommendations/requirements will be reviewed



Provider Improvement Plan

- Provided at the visit or within a week of the visit
- Summary of items that need improvement
- Providers have 30 days to submit a Provider Improvement Plan to the NCIP

Provider Improvement Plan (PIP)

Instructions: Please describe below the actions you will take to correct the vaccine management issues checked off on the Site Visit Improvement Plan. Address each item individually and indicate the date you anticipate that each task will be accomplished.

Date of Visit: _____

Provider Name: _____ Contact Person: _____

Address: _____

Phone: _____ ext: _____ Fax: _____



Always Remember:

**Follow your Provider Agreement and the
Immunization Law!**

**North Carolina Department of Health and Human Services
North Carolina Immunization Program
PROVIDER VACCINE AGREEMENT**

Page 1 of 3

**North Carolina Immunization Law
General Statutes of North Carolina**

Questions???

Learning Labs

